

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

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A Public Document

1. Agency Name

Office of Councilmember Paul Perales

Division, Department, or Region (if applicable)

District 3

Designated Agency Contact (Name, Title)

Patricia Ceja

Area Code/Phone Number

408-535-4929

E-mail

patricia.ceja@sanjoseca.gov

Date Stamp

2019 JUN 19 PM 1:04

California Form

802

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: (month, day, year)

2. Function or Event Information

Does the agency have a ticket policy?

Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 70.00

Event Description: WNE

Provide Title/Explanation

Date(s) 06/10/19

Ticket(s)/Pass(es) provided by agency?

Yes ☐ No ☒

If no: San Jose Arena Authority

Name of Source

Was ticket distribution made at the behest of agency official?

Yes ☒ No ☐

If yes:

Official's Name (Last, First)

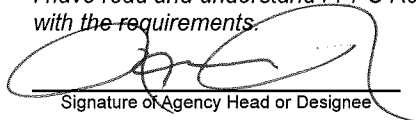
3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. | Name of Agency, Department or Unit | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency's policy |
|----|--|----------------------------|---|
| | | | |
| | | | |
| B. | Name of Individual (Last, First) | Number of Ticket(s)/Passes | Identify one of the following: |
| | | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: |
| | | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: |
| C. | Name of Outside Organization (include address and description) | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency's policy |
| | East Santa Clara Business Association | 8 | Recognition |

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.



Signature of Agency Head or Designee

Paul Perales

Print Name

Councilmember

Title

6/13/19

(month, day, year)

Comment: